

Annual Recurring Gift Authorization Form

Please print, complete, and return this form to authorize your annual recurring gift.

Donor Information

Full Name:
Street Address:
City, State, Zip Code:
Phone Number:
Email Address:

Gift Details

Annual Gift Amount (\$):
Start Date (MM/DD/YYYY):
Gift Designation / Purpose:

Payment Information

Please select your payment method and provide the details below:

Option A: Credit / Debit Card

Card Type (e.g., Visa, Mastercard):
Name on Card:
Card Number:
Expiration Date (MM/YY):
Security Code (CVV):

Option B: Direct Debit (ACH) from Bank Account

Bank Name:
Routing Number:
Account Number:
Account Type (Checking or Savings):

Authorization and Signature

I hereby authorize the organization to process my annual recurring gift as specified above. This authorization will remain in effect until I provide written notification of its termination.

Authorized Signature (Sign after printing):
Date signed (MM/DD/YYYY):